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## HEALTH NEEDS AND CIVIC ACTION

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Of \$112,000,000 requested last year in 4400 appeals to one New York philanthropist, \$1,075,000 was asked for various co-operative health purposes. Of this total, only \$45,000, or less than one-half of one per cent., was asked for preventive or educational health work. The rest was for hospitals, dispensaries, clinics, etc.

Of \$163,000,000 in public benefactions last year, \$19,100,000 was for health purposes. Of this not one dollar was for teaching laymen or governmental officials how to use knowledge already possessed, while \$6,800,000 was for finding facts not yet known about cancer, hookworm, etc., and \$12,200,000 for hospitals and medical colleges.

When John S. Kennedy's will provided for public benefactions of \$32,000,000, not one dollar was given in a way that indicated an interest in preventive health work, or in what we speak of as the "health movement." The only part of his gift of which he could have been certain that any fraction would be applied to preventive and educational health measures was the \$750,000 for the New York School of Philanthropy, where in the treatment of social and civic subjects, considerations of private and public health are given emphasis.

Among the world-famous gifts of Mr. Rockefeller and Mr. Carnegie, which together total nearly \$350,000,000, not one dollar has been given specifically for furthering the administrative use of health knowledge already possessed, whether by experts or by the public, and less than \$10,000,000 is known to have been given for hospitals and medical research.

What does it mean to the "health movement" that, while hospitals received last year in wills and in large gifts over \$10,000,000, the National Committee of One Hundred could not raise \$10,000 to show the need for a National Bureau of Health?

Is it not really true, as might seem from the figures, that rich

men and women prefer to spend their money on curing a handful rather than on protecting a townful, or on training a few medical students rather than on training a nation? Is a *not-yet-found* germ of disease more alluring to a philanthropist than a *not-yet-found method of getting communities to kill the infinitely more important and more famous germs already understood, and to apply for all of us the laws already known to the favored few?* No. They give from misinformation, not from choice.

The gap between what we know and what we get done—between obvious opportunities for large giving and the actual large giving for health purposes—is one helpful index to the present status of the “health movement” in the United States. It is not true, as one is apt to imagine when reading a list of health activities—of beginnings such as are described in this volume—that a nation has been won over to a full appreciation of its health problems. True, subjects that were considered impossible for use in the magazines and newspapers ten years ago are given prominent places with profuse illustrations. True, as the physician has lost his monopoly on knowledge of health laws, the layman has found health stories and health work absorbing. True, our bill-boards, street cars, magazines and newspapers, afford innumerable evidences that huge factories have been built and stores started to cater to the new appreciation of health laws—*e. g.*, vacuum cleaners, incinerators, sanitary drinking fountains, sanitary underwear, ventilated shoe-soles, disinfectants, “spotless town” soaps, health cereals, etc. Yet we are barely beginning, and cannot go much farther without giving new direction to two forms of private benefaction: (1) money gifts by rich men and women; and (2) thought gifts by those who most influence private giving and public spending.

If private giving had none but positive influence, we could afford to disregard it, for its volume is small when compared with health work done through taxes. But private giving has also negative, obstructive, deflecting, inhibiting influences on those who read of it. In fact, its *thought and feeling product* is vastly more significant than its *cure or relief product*. For example, when John D. Rockefeller said to the world, “There will never be money enough to do the world’s uplift work,” he started in motion forces and doubts and compromises that will do vastly

more harm to the South than the hookworm. On the other hand, by a statement in his autobiography that there is money and to spare to do the world's uplift work, the world's most intelligent giver on a large scale would have done more good than millions for health or medical education. Therefore, it behooves us who are enthusiastic over the immeasurable strides recently made by the "health movement" to consider the direction of our thinking about *the work that remains to be done*.

Let us take up some of the alternatives confronting rich men and women, and the still richer communities of taxpayers who are confronted with the same facts as are rich men and women, to illustrate some of the misconceptions now current.

The medical examination and inspection of school children has "arrived." Newspapers and magazines have given miles of space to describing the benefits to school children from having their physical defects discovered and from being constantly protected against the spread of transmissible diseases. Taking one hundred readers of *THE ANNALS* at random, probably ninety of them will be under the impression that certainly the greater number of twenty million school children are now enjoying the benefits of these advanced methods so widely heralded. The actual condition, so far as state laws are concerned, is that medical protection to school children is provided for in but ten States. Even in New York State itself at the present writing the educational and health officials are under the impression that this is not a good year to introduce a bill providing for physical examination of all children in all schools. The only place in the country where children in private and parochial schools, as well as in public schools, are by law assured the benefit of medical inspection and examination is in the city of Indianapolis. It is true that in almost all of the larger cities there is now a nominal effort to discover physical defects. It is also true, unfortunately, that with few exceptions, the discovery of the physical defects goes no farther than the statistical records of the board of education or the board of health.

In New York City, which, because of the large figures necessary to describe its experience, is responsible for the greater part of the publicity on this subject, the city superintendent reports that for the last school year but a little more than one-third

of those in the schools were examined at all, and of 264,425 defects found, only 113,278 were remedied. To get this total of defects remedied, the health inspectors advise tooth brushes *as treatment* for defective teeth.

Except as money and time are spent in getting done what now everybody knows ought to be done for all children in all schools—laws compelling examination, school nurses for examination, school physicians for diagnosis, house-to-house instruction of parents, harnessing hospitals, philanthropists and health departments to preventive and educational work, establishment of clinics, constant comparison of work attempted with work done, hygiene instruction and hygiene practice at school, which will stop manufacturing defects at their source and give the children right habits—it will be generations before the majority of our children will have these health rights which most of us now take for granted they possess. The money which will build one hospital in Chicago would get all schools in the country under this legitimate load.

The story of the “dental awakening” affords another illustration of the need for constant challenge of our expenditures for health. Men have been pouring millions upon millions into hospitals. It is now admitted that many of these millions have been worse than wasted, because dental knowledge has not been applied within hospital and dispensary walls. So much more is now being done by dentists than was done five years ago to enlist the layman’s co-operation and to emphasize the dentist’s social mission, that even among dentists themselves the impression is gaining currency that the world is aroused to the need for dental care. Many a city, however, has had the experience of New York: (1) Physical examination of school children without proper examination of the teeth; (2) Piling up records of defective teeth with almost negligible facilities for securing treatment; (3) Permitting children’s teeth to be extracted when they should be repaired and cleaned; (4) Heralding one or two dental clinics as evidence that dental needs have been recognized; (5) Promise of wholesale co-operation between dentists and public schools with practically no examinations or treatments of children. The \$2,000,000 given for dental clinics and instruction in dentistry in Boston could be so used as to

give a nation clean teeth and habits that will preserve clean teeth. Would it be worth while?

The crusade against infant mortality has finally come down to the simple proposition of what the mother knows and does for her baby. The only agency in any community equipped to do 100 per cent. of the educational work that is required to equip mothers to save their own babies is the city or state government. Those most interested in saving babies have the choice of spending time and money in getting done 100 per cent. of the educational work for 100 per cent. of the mothers who need it, or diverting public attention and private funds to the maintenance of a few nurses or a few milk stations, or, worse still, a few babies' hospitals. When confronted with this choice in Hoboken, Mrs. Robert L. Stevens established a memorial to her husband which shall be used "to increase, year after year, the number of mothers and fathers who will take an interest in Hoboken's city government, so that schools shall be progressively better, streets cleaner, recreation more enjoyable, and health rates and civic ideals progressively higher."

What promises to be the most conclusive demonstration in infant care ever made in this country is that shortly to begin in New York City, where fifteen milk stations will be maintained by the department of health and supplemented by district nurses in all needy sections. Attempt to picture 100 per cent. of the problem has been made by the New York Milk Committee, which is now asking for \$300,000 for enough milk stations so that this coming summer no baby and no mother will be without the direct and constant educational influence of those who know that there was absolutely no excuse last summer for losing 3293 babies, under one year of age, just "because the weather was hot."

The campaign for a National Bureau of Health and for the Children's Bureau discloses elements which we must keep constantly in mind in any health program. They emphasize particularly the need for funds ample to permit those who conduct any educational campaign to keep everlastingly at it. The Committee of One Hundred not only has never had the money which its opportunities justified and required, but it has never dared to ask for money enough to meet, for example, the miseducating campaign of the quack medicines and quack medical men who

fear a strong health policy at Washington. When we stop talking of public benefactions, as if each were an intelligent gift and could possibly do no harm, it is inconceivable that again, as in the past, when this national health policy needed public support, nearly \$300,000,000 will be given away for public purposes by the very private citizens who refuse to help a nation-wide crusade for individual and public health.

The National Children's Bureau adds its testimony and, in my judgment, its warning to those who are investing energy or money in promoting health campaigns. It would have been just as easy to interest Theodore Roosevelt in the possibilities of the United States Bureau of Education, United States Bureau of Census, and a United States Bureau of Health, as in a special not-yet-existing Children's Bureau. The same energy that tried to arouse a country to the need for an additional agency, with an income of \$30,000 or \$40,000 a year, could have organized and galvanized these other already existing agencies, in touch with a half-million teachers, fifty state and colonial superintendents of education, fifty state and colonial departments of health, all the city bureaus of vital statistics, etc. We social workers can hardly hope to divert the millions upon millions of private philanthropy that now pour into curative institutions over into preventive work, if we ourselves fail to see that our greatest problem, like our greatest opportunity, is in making existing agencies efficient, and in getting done what we all know ought to be done in ways that we know it should be done.

It is one of the anomalies of present-day reform, and even present-day health work, that we undervalue the potential service of the newspaper, except when we want to make appeals for our own work. The Healthgrams of Chicago's health officer, Dr. William A. Evans, could, if generally known and generally imitated, do more for nation-wide promotion of health than a thousand hospitals. Why will we go on believing it is worth while for private philanthropists to work in a few spots a part of the time, while permitting newspapers, street railways or billboards to advertise, all of the time to all of the people, various nostrums which aggravate disease and manufacture misconceptions on which disease thrive? In two New York Sunday papers one issue printed 27 columns of advertising more potent for evil than

27 cases of smallpox equally flagrant. Have you ever compared the amount spent in your city by private philanthropy to fight tuberculosis with the amount spent by quacks to advertise quack medicines for these same tuberculous neighbors?

Take, for instance, the campaign against infant mortality. It would be an interesting study to note on what days of last year the newspapers of your city printed facts about saving babies. Were these newspaper items and editorials addressed to the mothers who have the babies, or to the men and women who have the money to support private work? Did they relate to 100 per cent. of the babies, or to one per cent. or to 10 per cent. cared for in different private institutions? Was the maximum attention given in the summertime when babies could be saved, or in wintertime when the annual reports of child-saving institutions were published? In New York City, at the height of the infant mortality of last summer, toward the end of June and early in July, day after day, hundreds of thousands of citizens, including practically all mothers of young babies, read shouting headlines to the effect that there was no hope for reducing infant deaths because the hot wave would last another week. Private agencies, instead of coming "square back" to the mothers through these same welcome sources of information, utilized the torrid wave to state their own need for funds. The health department itself finally accepted the co-operation of the newspapers, and day after day told the New York public that babies died because the milk was warm or unclean, and not because the weather was hot or baby was hot.

In my judgment, we cannot go much farther in our health crusades without more funds for making such effective use of the newspapers as has characterized the crusades for legislation against the white plague and child labor.

Propaganda for more laws or more hospitals makes news more easily than propaganda for the enforcement of laws already obtained, and the effective use of hospitals and health agencies already established. Here energy and money must be spent in getting facts about the non-enforcement of child labor and other laws, and the administrative remedies for the non-enforcement of our child labor, factory, truancy, compulsory education laws, etc.

Just as we are never going to have dentists enough to do the repair work for a nation with unclean teeth, so we are never



going to have private agencies enough to undo the evils of inefficient administration by public officials and employes who are working for good or evil every day in the year with the momentum of 100 per cent. of their communities. Clean streets are more deadly enemies to tuberculosis than are hospitals and dispensaries. Efficient state and local departments of health can do more to check transmissible diseases than state and local private organizations. Getting 100 per cent. of us "under the load" by placing our official representatives under that load, with methods that do efficient routine work, is a duty imposed upon all of us by the growing interest in health laws. As Superintendent Young illustrated by opening Chicago's school windows, it is infinitely more important to give 100 per cent. of our school children proper ventilation than to start open-air classes for the anæmic and tuberculous.

The only time in the year when our communities attempt to picture 100 per cent. of their health opportunity and health needs is when they are preparing their local or state budgets. The only document that pretends to outline 100 per cent. of a community's health needs is the budget estimate. The only document that pretends to describe 100 per cent. of what a community proposes to do next year for promotion of health is the city budget. Yet to a degree that is astounding, when one considers public responsiveness to the "health movement," budget estimates, budget hearings, budget making and budget possibilities are still unknown lands to health crusaders.

Still more of a stranger is interest in the after-budget fulfillment of before-budget pledges. From one end of the country to the other are illustrations in almost every city, that getting money voted for a health purpose is by no means the same thing as getting money used for that health purpose.

In October, 1909, at a taxpayers' hearing on the budget for the year 1910, the need for a comprehensive fight against tuberculosis was presented with a skill and with authority such as were probably never before equalled in any public hearing in any American city. All the money was voted that such famous experts in the fight against tuberculosis as Robert W. DeForest, Abraham Jacobi, Simon Flexner, Woods Hutchinson, etc., declared was needed. Public schools, Bellevue and allied hospitals,

and the health department, received all the money asked for the tuberculosis campaign. Yet with two months' full notice that the money would be available January 1, 1910, not one of these agencies was ready on January 1st to begin to spend the money as planned, and not one of these agencies had spent the money as planned by December 31, 1910. The health department allowed \$4727 in January, \$2590 in February and \$9875 by July 31st to lapse for want of organization and direction. Instead of twenty out-door school rooms, the board of education equipped but three and used but two. (Those wishing information on budget making and budget estimates, budget hearing and after-budget records and accounts that will disclose the truth about after-budget uses of appropriations, are referred to the Herman A. Metz National Fund for Promoting Efficient Municipal Accounting and Reporting, 261 Broadway, New York.)

Utilization of health knowledge already known requires attention now more than the discovery of facts heretofore concealed. With almost negligible exceptions, we can stamp out diseases common to man without knowing one more fact regarding medicine. The great problem of the next few years is to show medical men themselves and philanthropists who like to give money for training medical men and medical research that the supreme need is for administrative use of medical knowledge already in hand.

An investigation by the Carnegie Foundation for the Advancement of Teaching has given the physician's halo and that of the medical college a pretty severe tilt. Hundreds of thousands of readers, who, until that report, felt that medical schools were distributors of health knowledge, were made to see that what the country needs even more than physicians are men and women who can teach to what a very great extent physicians are unnecessary. For example, after working for a couple of years, the Rockefeller Fund seems to have proved conclusively that the cure for the hookworm requires chiefly the application of a few elementary principles of cleanliness. The great problem in the South seems to be, not to find germs, analyze them and discover means for killing them, but to give the Southern farmer and small town modern standards of cleanliness and modern local and state machinery for applying modern sanitary methods everywhere.

Likewise the union of Columbia University and the Presbyterian Hospital for the bedside training of medical men raises a question whether an additional step must not soon be taken to supplement bedside instruction with sewer-side instruction, unclean milkshop-side instruction, unclean home-side instruction, uninformed mothers-side instruction, unlighted tenement-side instruction, unventilated factory-side instruction, etc.

It is not true that a cause is always advanced when everybody comes to see the necessity for promoting it, and when everybody talks about it. Oftentimes consciousness of social need acts like a drug, putting the public to sleep instead of opening its eyes, unless supplemented by administrative acts which harness public conscience and public intelligence to efficient daily routine work.

Immediately after hearing of the Slocum disaster—the burning of several hundred women and children on an excursion boat on the Hudson River—I telephoned to Sea Breeze to ask about our fire protection for several hundred mothers and children on fresh-air outings, and for forty children suffering from bone tuberculosis. Fire drills were started at once, and upon my first visit I asked to see one. The promptness, efficiency, pleasure and order that characterized that fire drill were a joy. There was just one defect—nobody had been detailed to turn on the water. Had there actually been a fire, it is not inconceivable that buildings would have been entirely empty or several lives lost before discovering it was nobody's business to turn on the water.

This is the condition of a great number of our health crusades at the present time. The public is convinced, everybody knows that water puts out fire, everybody knows that there must be organization, but in too many instances, even when we have our fire drill organized, we have not yet arranged for turning on the water and keeping it on until the fire is out.

Social workers and the philanthropists and officials they try to influence can pay biggest dividends these next few years by seeing and taking the administrative steps necessary to utilize, every day in the year, the knowledge they already possess *through the only agencies which belong to all of us, which make mistakes or advance steps in the name of all of us,—our city, county, state and national governments.*